

Andrology workshop

How to examine

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Remember

History and examination of male with andrologic problem are half way for your diagnosis



PERSONAL HISTORY

Name, age, occupation & special habits.



Disorders of erection & ejaculation.



Infertility history

1. Primary or secondary.
2. Duration of infertility.
3. Previous investigations and treatments.

Past history

1. History of systemic diseases.
2. **Childhood & development** (undescended testicles, testicular torsion, onset of puberty).
3. Surgical operations.
4. Gonadotoxins.





1. Genital abnormalities.
2. Recurrent respiratory infections.

General examination

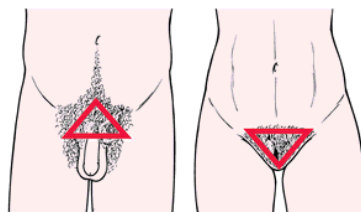


Body weight



General examination

Hair pattern



Male

Female

Body proportions

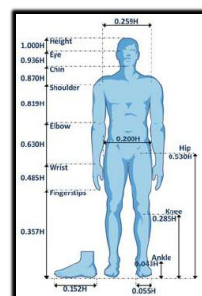
Upper/lower ratio: it is measured from top of pubic ramus to top of head distance / top of pubic ramus to floor distance.

Significance

This ratio in adults is nearly 0.92 ± 0.4 (with no sex difference).

In hypogonadal men, delayed epiphyseal union causes overgrowth of extremities leading to

- Decreased U/L ratio
- Increased span/height ratio.



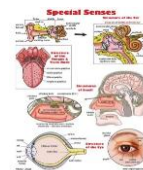
Features of Eunuchoidism

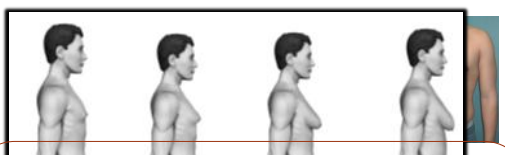
1. Eunuchoid skeletal proportions
 - Upper body: lower body ratio < 1 .
 - Arm span > 2 inches than height
2. Lack of adult male hair distribution.
3. Sparse axillary, pubic, facial, and body hair.
4. Lack of recession of hair on temporal lobe.
5. Infantile genitalia.
6. Small penis, testes and prostate.
7. Underdeveloped scrotum.
8. Diminished muscular development and mass

Muscle development



Special senses



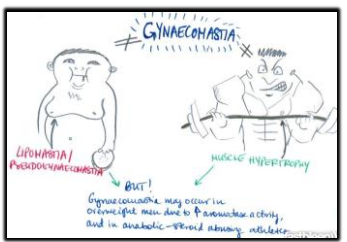


A: Grade I: Increased diameter and slight protrusion limited to the areolar region.,

B: Grade II: Moderate hypertrophy of the breast with the nipple-areolar complex above the inframammary fold,

C: Grade III: Major hypertrophy of the breast with glandular ptosis and the nipple-areolar complex situated at the same height as or as much as 1 cm below the inframammary fold and

D: Grade IV: Major breast hypertrophy with skin redundancy, severe ptosis and the nipple-areolar complex positioned more than 1 cm below the inframammary fold.



Differential diagnosis

- Lipomastia: increase fat content of male breast.
- Breast cancer: unilateral, hard mass and mamograph is diagnostic.
- Estrogen secreting tumor of the testis.
- Prolactin secreting adenoma.


Local examination

Inspection

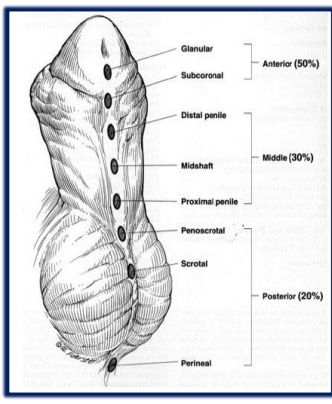
Genital region and the surrounding areas

→


1. Skin changes
2. Scars.
3. Obvious masses.
4. Discharge




Hypospiadus



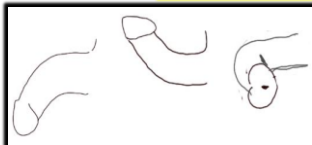
Phimosis



Paraphimosis



Penile curvature



Typical S-shaped deformity in penile fracture



Hematoma caused by a penile fracture. The subcutaneous hematoma extending to scrotum and perineum (butter fly sign) indicates that the penile fracture is associated with breach of Buck's fascia

Penile Condyloma



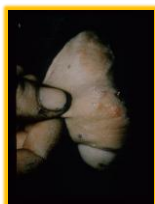
Do not miss



penile Ulcer



Genital hereps



Cavernous hemangioma



Venereal versus non venereal penile edema

Penile edema



Pubic Region

1. the amount and distribution of the pubic hair (Tanner Stages).
2. skin disorders, edema, masses, ulcerations, infections(lice/nits), warts.



scrotum

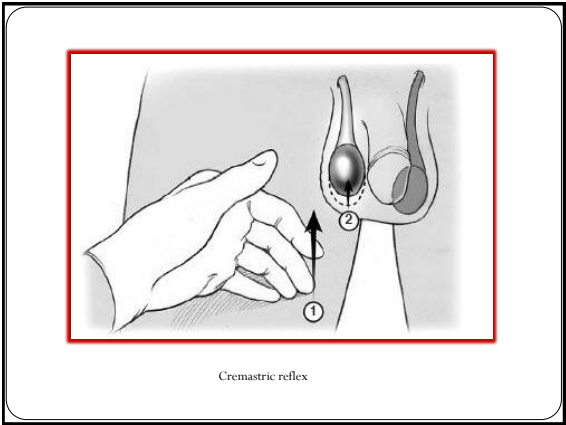
Inspection

1. Skin changes: rash / ulcers / angiokeratoma.
2. Scars: for previous operations.
3. Necrotic looking tissue :Fournier's gangrene
4. 3rd degree varicocele.

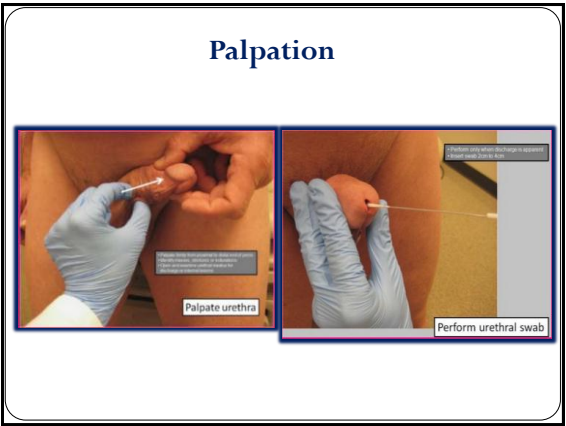
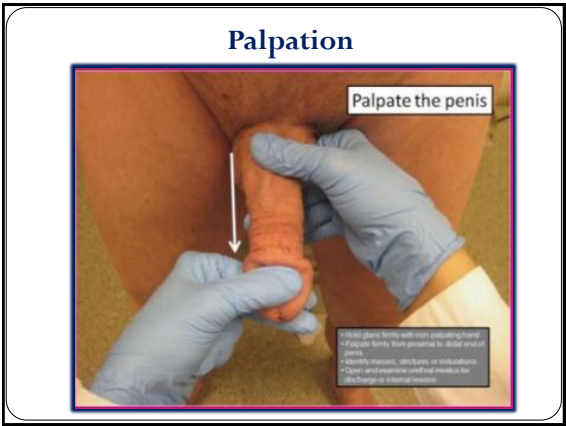




Before starting palpation of genital system Do genital reflexes		
Reflex	Technique	Result
Cremastric reflex	Stroking of the upper part of the thigh	elevation of the testis at the same side due to contraction of cremastric muscle
Scrotal reflex	Application of cold object to the scrotum.	contraction of dartos muscle at same side
Bulbocavernosus reflex	Squeezing of the glans penis.	Contraction and tightening of anal sphincter around examining finger.
Superficial anal reflex	Stroking of the perineal skin.	contraction of superficial anal sphincter
Deep anal reflex	Introduction of gloved finger into anus.	contraction of deep anal sphincter



- ### Palpation
1. Glans penis.
 2. Shaft of the penis (Fibrotic plaque).
 3. urethra



Examination of the Scrotum and its contents

Testes

1. Examine each testicle individually.
2. start examination of normal testicle.
3. Gently palpate the testis between your thumb and first two fingers.
4. If the testis can not be felt, gently palpate the inguinal canal to see if the testis can be milked down.
5. Normal testis : smooth and rubbery consistency

Position
Supine
position

Description
ectopic testis can be identified easily

Sitting
"squatting"
position

The patient is sitting with hips flexed and abducted in order to eliminate cremasteric reflex. This helps to pull the testis into the scrotum to distinguish retractile testis "easily pulled "from undescended testis "cannot pulled". In addition the skin of hemiscrotum is well developed at side of the retractile testis but not with undescended testis.

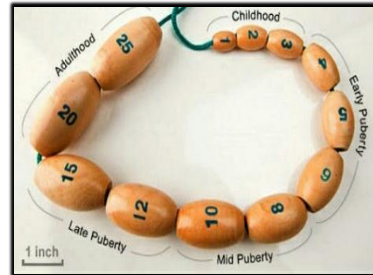
Standing
position

detect the associated inguinal hernia in cases of undescended testis

Testes



CHILDHOOD:	PUBERTY:	ADULTHOOD:
< 3mls	4-14mls	15-35mls



Clinical notes

- Asymmetry between testes is common (e.g. 15mls vs. 20mls) and not medically significant.
- Asymmetry is sometimes more marked following unilateral testicular damage.
- Reduced testicular volume suggests impaired spermatogenesis.
- Small, firm testes (<4mls) from mid puberty are a consistent feature of Klinefelter's syndrome



Epididymis

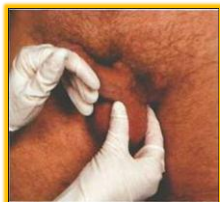
Site : posterolateral aspect of the testis

Pain in the epididymis may suggest epididymitis.

Thickened, tender, cystic, non-palpable

Phren's test

If testicular pain is relieved by elevating the testes this is strongly suggestive of epididymorchitis.



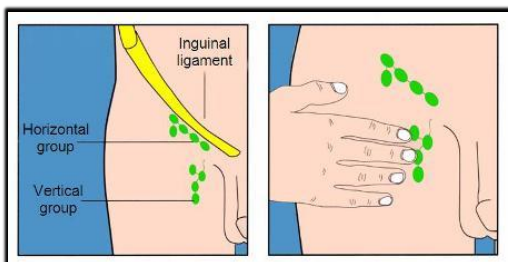
The epididymis is fixed between middle fingers and the thumb

Vas deferens

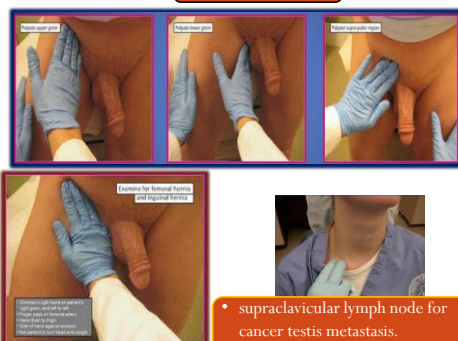


1. Encircling the neck of the scrotum with the fingers and thumb .
2. Rolling between the thumb and second or third fingers until the thick, cordlike vas is felt.
3. Absent, thickened, nodules

Lymph nodes



Lymph nodes



- supraclavicular lymph node for cancer testis metastasis.

Any questions

